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Form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>	COMPLETE IF KNOWN	
	Application Number	10/526,799
	Filing Date	December 23, 2005
	First Named Inventor	Cochran
	Art Unit	2884
	Examiner Name	Vu, Mindy D.
Sheet 1 of 1	Attorney Docket No.	PSSZ 2 00072

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Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
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	AC	US-		
	AD	US-		
	AE	US-		
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	AL	US-		

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Examiner Initials*	Cite No.	Foreign Patent Document Country Code-Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T
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	AP	JP 04-282445	10-07-1992		Y
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OTHER -- NON PATENT LITERATURE DOCUMENTS

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	AS		
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.V./

Examiner Signature	/Mindy Vu/	Date Considered	02/04/2009
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